

Foster Family Home - Corrective Action Report

Provider ID: 1-512899

Home Name: Marissa Domondon, CNA

Review ID: 1-512899-7

639 Puuhale Road

Reviewer: Angelica Galindo

Honolulu

HI

96819

Begin Date: 12/17/2018

End Date:

12/27/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 12/17/18. Corrective Action Report issued during home visit with all items due to CTA by 01/04/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) - No proof of 2018 TB skin test in home folder for CG#3, last done 3/18/2017.

Angelica Galindo, RN

Compliance Manager

Marissa Domondon

Primary Care Giver

12/17/18

Date

12/17/18

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: MARISSA DOMONDON, CNA
CCFFH Address: 639 Puuhale Road, Honolulu, HI 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(7)	2018 TB skin test for CG#3 was obtained 2/15/18. It was placed into home record.	12/26/18	I will make a note in my calendar to remind me when requirements are due 2 months before they expire to allow time to get them done before they are due.

Primary Caregiver's Signature: M. Domondon

Print Name: MARISSA DOMONDON Date of Signature: 12/26/18